## THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

Date: 9/3/20	Licensing Specialist: FATIMA STEPPS	
CHRIS #: Facility Type:	⊠ Residential	Type: Psychiatric/Residential
	☐ Placement	☐ Private ☐ DCFS Foster Home Name:
	Unlicensed Fa	cility
Facility Name: Agency Name: Address: County: Phone: License #:	Millcreek of Arkansas Millcreek of Arkansas 1821 Industrial Drive, Fordyce, AR 71742 Dallas 870-352-8203 187	
Owner Name: Address: Phone:	Millcreek of Arkansas 1821 Industrial Drive, Fordyce, AR 71742 870-352-8203	
Date Licensed:	5/23/2006	
Facility Status:	☐ Provisional ☑ Regular ☐ Probationary	
Allegation: Negle	ect 🗌 🛮 Abuse 🖂	Sexual Abuse 🗌
Provider Reporte	ed Incident (PRI): 🗵	Complaint: ⊠
PRI converted to	Complaint: 🛛 Da	ate: 🔲 9 <u>/3/20</u>
Date of Incident:	9/3/20	
Involved Child/Cl	DOB	DOB/Age: DOB/Age: DOB/Age: MAGE: MAG

Rev. 08/09/18-PRLU

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Involved Staff Member(s) (S-1, S-2): S-1: S2: S3

DCFS CACD Investigator: Carolyn Gamble

Brief summary of allegation: A patient reported the following: S-1 is giving patients IC-1 and IC-2 marijuana and they are smoking it on the playground. These patients were drug tested. IC-1 tested positive for THC. IC-2's drug test was inconclusive.

IC-1 stated that he was smoking but would not say what he was smoking or who provided it.

IC-2 denied smoking or any involvement.

List all reported injuries to the child: None reported

Interim corrective action for this incident: S-1 has been terminated.

If no interim corrective action, please explain:

Date of most recent monitor visit and deficiencies cited during visit: Visit on 6/26/20. All cited items have been corrected.

Brief summary of monitor visit compliance history: Agency has operated within favorable compliance of Minimum Licensing Standards.

History of founded licensing and founded maltreatment complaints: There is 1 founded maltreatment complaint in the last year. There are 18 founded Licensing complaints in the last year.

Is there a current corrective action agreement? If yes, list the dates and reason? No.

IC - Involved Child/Children (include the age or date of birth)

R - Reporter

IS - Involved Staff Member(s) (S-1, S-2, etc.)

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